

REINSTATEMENT TO GRADUATE STUDENT STATUS

(REV. 06/20/16)



You may use this form to request reinstatement and continue in your program if **both** of the following conditions are met:

- 1) You were a graduate student in good standing (overall GPA & most recent semester GPA—3.0 minimum)
- 2) Your last enrollment at UAF was less than 2 years ago.

If you do not meet both of the criteria above, you must reapply for admission.

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|--|--|
| NAME | STUDENT ID |
| EMAIL | TELEPHONE NUMBER |
| DEGREE (<i>Ph.D., M.S., M.A., M.Ed., etc.</i>) | MAJOR (<i>English, Physics, Geology, etc.</i>) |

When would you like this reinstatement to be effective?* Fall 20 _____ Spring 20 _____ Summer 20 _____

**Note: If you do not enroll in the semester indicated, you will have to submit a new reinstatement form or reapply for admission, depending on your last date of enrollment.*

Do you claim Alaska residency? YES NO Have you been present in the state during the last 24 months? YES NO

--- Please submit a \$50.00 non-refundable processing fee with this form. This form cannot be processed without payment ---

METHOD OF PAYMENT (check one): Check or money order attached (Payable to UAF) Bill my UA account [pay via UAOnline]

| | |
|---------------------|------|
| STUDENT'S SIGNATURE | DATE |
|---------------------|------|

REVIEWED BY

COMMITTEE CHAIR RECOMMENDATION: REINSTATE DO NOT REINSTATE

Please explain your decision for the above student's request for reinstatement:

| | | |
|-----------------------------|--------------------|------|
| COMMITTEE CHAIR'S SIGNATURE | PRINT NAME LEGIBLY | DATE |
|-----------------------------|--------------------|------|

DEPARTMENT CHAIR RECOMMENDATION: REINSTATE DO NOT REINSTATE

If you do not approve the student's request for reinstatement, please note the reason for the decision below:

| | | |
|------------------------------|--------------------|------|
| DEPARTMENT CHAIR'S SIGNATURE | PRINT NAME LEGIBLY | DATE |
|------------------------------|--------------------|------|

ORIGINAL SIGNED FORM WITH PAYMENT SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE OBTAINED

GRADUATE SCHOOL | PO BOX 757560 FAIRBANKS, AK 99775-7560 | TEL: 907-474-7464 | FAX: 907-474-1984 | EMAIL: uaf-grad-school@alaska.edu
202 EIELSON BUILDING

For Graduate School Office Use:

Post \$50.00 Reinstatement Fee to Detail Code FGFR.

- APPROVE Reason: _____
- DISAPPROVE

| | |
|---------------------------|------|
| GRADUATE SCHOOL SIGNATURE | DATE |
|---------------------------|------|